IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

Watershed: ☐ Yes ☑ No

PROPERTY DESCRIPTION NO. 17250 DATE 11-2-93 TAX MAP NO. 8K-8-A-43

OWNER OR CONTRACTOR Donnie Walker PHONE: Business _____ Home 585-6805

ADDRESS Rt. Box 285 Stony Point, N.C. 28687

LOCATION I40W T L Old Mtn. Rd. TL Bethlehem TL Austin Lane, (Double Tree Lane) TR Sonja Dr. 1st Lot on R.

SUBDIVISION Mt. Rd. Village BLOCK / SECTION _____ LOT 43 LOT AREA 120' X 200' SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 358 Date 10-4-93

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II III, IV, V, VI

System Description: Conventional, gravity fed.

Repair System Description: Pump to PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

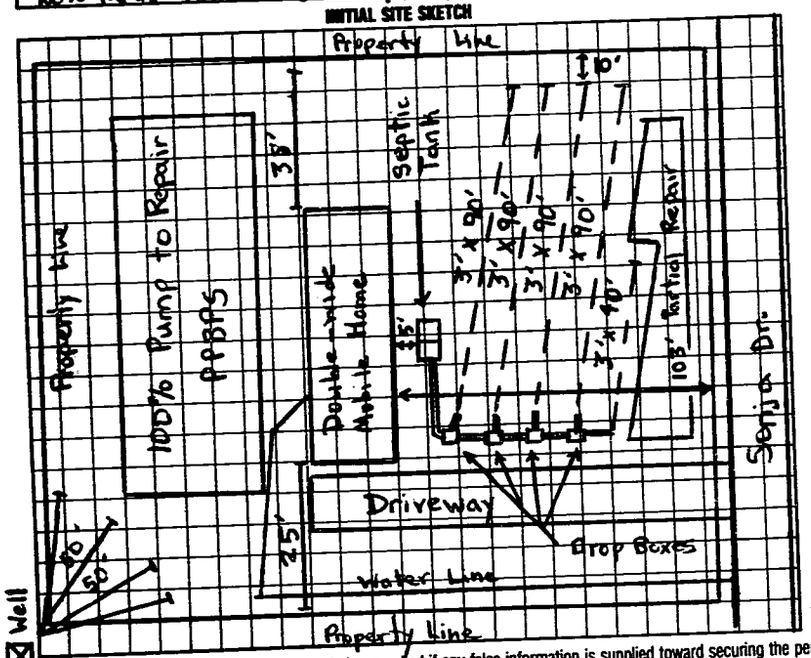
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep lines on contour. Keep system 5' from foundation of home, 10' from all property lines, and 10' from water line. 100% Repair Area above home, pump to PPBPS.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Donnie Walker

Improvement Permit by: Michael L. Dennis date 11-2-93

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael L. Dennis date 11-12-93

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD